

KHC Form TC-4 Rev. 2007 Page 1 of 1	COMMONWEALTH OF KENTUCKY Kentucky Heritage Council Kentucky Historic Preservation Tax Credit Certification Application Summary of Investment	KHC Project # _____ Date Received _____
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This form must be completed and submitted as an attachment to the Part 3 – Certification of Completed Work

Name of property: _____

Street: _____

City: _____ County: _____ State: **KY** Zip: _____

Owner Information (Name): _____

Tax ID / SS # _____

Street _____

City _____ State: _____ Zip: _____

Phone: _____ E-Mail Address: _____

Rehabilitation Cash Expenses	Materials	Labor
Roof		
Exterior Walls		
Windows		
Doors		
Electrical / Lighting		
HVAC		
Plumbing		
Painting / Finishes		
Interior		
OTHER (Define)		
TOTALS		

Check all Uses in Project

✓	USE	Square Feet or # of units
	Owner-occupied single-family residence	
	Rental Housing	
	Market Rate Housing	
	Low/moderate income Housing	
	Assisted living Housing	
	Office/commercial space	
	Retail Space	
	Industrial Space	
	Hotel / B&B / Inn	
	OTHER (specify)	

I hereby attest that I own the property described above, that the information I have provided is, to the best of my knowledge, correct, and that I have documentation to support this report pursuant to an audit.

SIGNATURE

Date

Note: This report must be notarized if the project is an owner-occupied residence or certified by a Certified Public Accountant (CPA for all other projects.

Notary or CPA Signature

Date